

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities (DDD)

THIRD PARTY LIABILITY

CONSUMER'S INFORMATION

CONSUMER'S NAME <i>(Last, First, M.I.)</i>	DATE OF BIRTH
HOME ADDRESS <i>(No., Street, City, State, ZIP)</i>	HOME PHONE NO.

INSURANCE INFORMATION

INSURANCE NAME	EFFECTIVE DATE
POLICY NO.	GROUP NO.
INSURED'S NAME <i>(Last, First, M.I.)</i>	INSURED'S DATE OF BIRTH
INSURED'S EMPLOYER	
CLAIMS ADDRESS <i>(No., P.O. Box, Street, City, State, ZIP)</i>	INSURANCE CO. CUSTOMER SERVICE PHONE NO.
PHYSICIAN'S NAME	PHYSICIAN'S PHONE NO.

CONSENT

AzEIP (Ages 0 - 3) Consent *(check box as appropriate)*

☐ I give permission for my health insurance to be used to help pay for AzEIP services that are covered under our family's health insurance plan. I understand that if I change my decision in the future, this decision will not affect my family's AzEIP services. *(Please fill out insurance information above and sign in box to the right)*

☐ I do not give permission for my health insurance to be used to help pay for AzEIP services. This decision will not affect my family's AzEIP services.

Parent's signature

Date

Ages 3 and above:

R6-6-301.C. As a condition of eligibility, applicants are required to assign rights to insurance benefits in accordance with R6-6-1303.

I authorize the release of any information necessary to file a claim to my insurance company. I authorize payment of benefits to name of provider. If sent to me, I will give copies of Explanations of Benefits and payments received from my insurance company to named provider of services provided.

Insured's Signature

Date

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602 542-0419; TTY/TDD Services: 7-1-1.